

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000368

1. Entity Name
FLAGLER'S CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

920 THIRD ST
SUITE C
NEPTUNE BEACH, FL 32266 US

Mailing Address

920 THIRD ST
SUITE C
NEPTUNE BEACH, FL 32266 US



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0489856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKS, FRANCES C
920 THIRD ST
SUITE C
NEPTUNE BEACH, FL 32266

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CUMMINGS, MICHELE
STREET ADDRESS 116 THIRD AVE. SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE VP
NAME SWEETING, SONDR
STREET ADDRESS 201 10TH AVE #103
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D
NAME MCCLAIN, BARBARA
STREET ADDRESS 210 1TH AVE NORTH #101
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000820479

02/18/08-80030-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michele Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08

Date

904-249-2322

Daytime Phone #